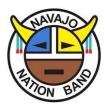


NAVAJO NATION BAND APPLICATION – FY 2022 MEMBERSHIP



Name (First, Middle, Last):							
Agency Affiliation:	Chapt	ter:					
Mobile Phone:	Message Phone:						
Mailing Address:							
City:	State:		Zip:				
Emergency Contact (Name/Relationship	/Phone):						
INB Status: Current / Returning – Year Joined: New							
Occupation:							
If Student, High School or College/Major:							
Position I am applying for:							
Primary Instrument:	Secon	dary Instrument:					
Musical Experience:							
Auxiliary (NOTE: Available auxiliary positi	ons are limited)						
Color Guard Ban	ner Carrier [Twirler	Drum Major				
ACKNOWLEDGEMENT / CERTIFICATION							
I certify, I am 16 years of age or older, and in good physical condition.							
I acknowledge I have read and understand all the Navajo Nation Band related information provided to me and agree to abide by and comply with all requirements and conditions outlined in the NNB Contractual Agreement.							
By signing below, I certify the information I have provided is correct and true. I understand that providing false information may result in termination of my NNB membership.							
Signature:		Date: _					
Required accompanying documents and form W-9 (Rev. 10-2018) Certificate of Indian Blood (copy) FY2022 Navajo Nation Band Con FY2022 Navajo Nation Band Pers FY2022 Parent/Guardian Permiss FY2022 High School Student Part) tractual Agreement sonal Health Confidentia sion, if applicable						

FOR OFFICIAL USE ONLY: VERIFIED BY:	□ W-9	□ CA	☐ PHC DATE:	☐ P/GP	☐ HS PAF	AB#:
						January 202